Welcome!

To hear the audio portion of this presentation, please call: 1 (877) 820-7831

When prompted, enter participant code: 616165#

Please mute your phone by pressing *6, or by pressing the mute button on your phone if it has one.

We will begin shortly!



Home and Community Based Settings: Provider Training

Overview of the Provider Toolkit
Coming into Compliance with HCBS
Regulations

July 26, 2016

Webinar Topics for Today

- Background
- Purpose of the Toolkit
- Intent of the new HCBS Rules
- Introduction to the Toolkit Section by Section
- Compliance timeline review
- Upcoming additional training opportunities
- Questions or comments

Background

- The Centers for Medicare and Medicaid Services (CMS) published regulations in 2014 that implemented new requirements for state Medicaid HCBS programs.
- CMS required states to develop Statewide Transition Plans that describe the state's plan to ensure full compliance with the regulations no later than March 2019.
- Idaho will submit version 4 of its Statewide Transition Plan to CMS by July 29, 2016. This plan describes the steps that Idaho Medicaid is taking to move into full compliance.

Intent of the HCBS Regulations

- To ensure that individuals receiving long-term services and supports through home and community based service have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate
- To enhance the quality of HCBS and provide protections to participants

In essence the regulations strive to afford all participants receiving HCB services the same rights, the same opportunities for community engagement and the same controls and choices as all of us have day to day.

Introduction to the Toolkit:

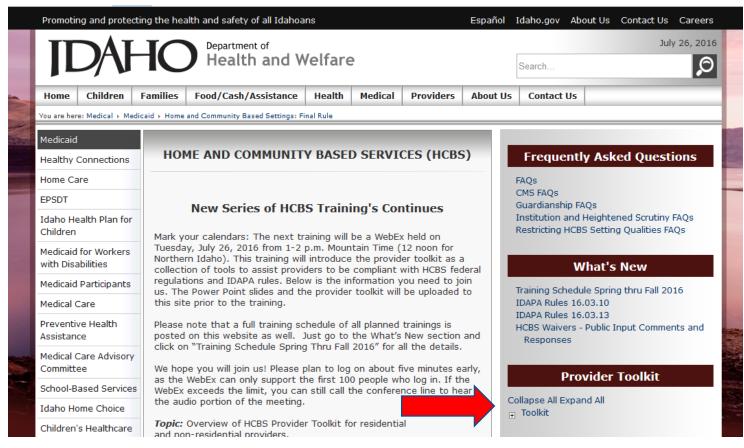
The toolkit can be found on the HCBS webpage at:

www.HCBS.idaho.gov

It is also available in hard copy upon request at any regional Medicaid office or at the Medicaid Central office in Boise.

The HCBS Home Page

- Our homepage is where materials related to this project are hosted.
- www.HCBS.dhw.idaho.gov



How it works:

The toolkit contains the following documents:

- Rules, intent and best practice suggestions
- Glossary of Terms
- Frequently Asked Questions
- Sample Policy and Procedures
- A Participant Rights Document
- Information on Risk Mitigation vs. Exceptions
- Provider Self-Assessment Tool

Viewing Documents in the Toolkit

• To view a document, click on its title in the toolkit list



Let's Look the Rules/Guidance Document



• **Regulation**: This box contains the regulation language.

Regulation

The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.

• **Intent**: This section describes the intention and purpose behind the regulation language.

Intent

Individuals receiving Medicaid HCBS have equal access to the same community resources and activities available to the general public. Providers should not have rules that restrict or obstruct community access. Critical factors include ensuring that service and support delivery practices do not isolate people with disabilities or specific needs from people who do not have them. Providers must also ensure that service and support practices do not create an environment that is institutional in nature. Individuals must be supported in their desires to participate in community activities to the extent that those activities relate to the service being furnished.

• **Examples**: This section contains one or more scenarios that illustrate how the regulation "looks" in practice. Examples have been included from a variety of service types and HCBS programs.

Examples

- An agency plans a trip the county fair. The provider arranges for staff and family members or
 natural supports to come along as well. The provider transports the individuals to the county
 fair and tells everyone when and where they will be picked up. Staff and/or natural supports
 are assigned as needed to individuals or small groups of individuals in order to allow them to
 pursue their own interests/activities while at the fair.
 - **Remember**: Not all examples will apply to all settings. They are for illustrative purposes only.

• **Best Practice Suggestions**: This section contains several different suggestions for ways that providers could ensure that they are meeting the requirement. We used many practices that were suggested by providers. Like the examples, not all best practices will apply to all settings.

Best Practice Suggestions

- There are written policies and procedures regarding residents' access to and utilization of transportation to access the community.
- There is a clear expectation that direct care staff adhere to the services and activities identified in the person's plan and honor their rights under HCBS regulations.

• Additional Guidance: This section contains useful additional information regarding each requirement.

Additional Guidance

What is an integrated setting?

Integrated settings provide people the opportunity to live, work, and receive services in the greater community. They offer access to community activities when and with whom the person chooses. It offers people choices in daily life activities and encourages interaction with people without disabilities or who are not receiving Medicaid HCBS.

• For some requirements, the **Additional Guidance** section also contains some examples of scenarios or situations that we shouldn't see in HCBS settings.

Let's Look at the Glossary of Terms

- The **glossary of terms** includes some commonly used terms and phrases that you might hear during our trainings or see in the toolkit and other materials on our webpage.
- These terms are defined in order to help support your compliance with the HCBS requirements.

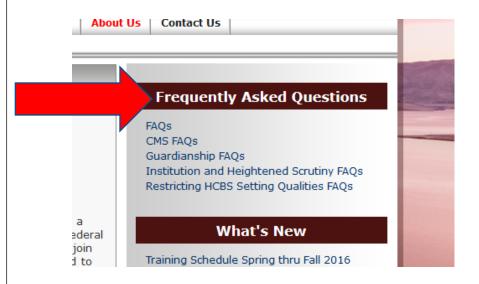


Glossary of Terms

- Age Appropriate Activities: those activities that correspond with an individual's chronological age
- Coercion: when someone uses intimidation or their authority to compel or force another
 person to do or not do something without regard for the individuals' desire. This can include
 threats, manipulation, and ultimatums.
- Cultural Considerations: an individual's cultural beliefs, norms, and practices are chosen
 by the individual and honored to the degree possible.
- Exception: when a residential provider-owned or controlled setting requirement, as outlined
 in IDAPA 16.03.10.315, must be modified based on a need of the participant that is
 identified through person-centered planning. Service plans with exceptions to residential
 setting requirements must be submitted to the Department or its designee for review and
 approval.
- **Guardianship:** a legal relationship created when the court appoints a person or entity to make legal decisions for another person.

Let's Look at the FAQs

• The **FAQs** are a collection of common questions that we receive and responses.



| FREQUENTLY ASKED QUESTIONS | | | | |
|---|--|--|--|--|
| Question | Answer | | | |
| What are Home and Community Based Service (HCBS) Setting Qualities? | Home and community based qualities are required characteristics that all HCBS settings must have. HCBS settings are those places where participants who access HCB services live or receive their services. HCBS qualities support integration, independence, choice, autonomy and participant rights. For a detailed list of the setting qualities, please review IDAPA 16.03.10.313 . | | | |
| What is risk mitigation? | If one of the required HCBS setting qualities present a health or safety risk to the participant or those around the participant, the person centered planning team must identify goals and strategies on how to reduce the risk. These risk mitigation strategies should be actively promoted whenever there is an imminent or | | | |
| | likely health or safety risk. These strategies must be included on the participant's plan and mus be in place until it is safe for the participant to enjoy the full benefits of the required HCBS setting qualities. Risk mitigation strategies may be in place only temporarily or long-term, depending on the unique needs of each participant. | | | |
| Which providers do the HCBS setting qualities and associated risk mitigation apply to? | All provider-owned HCBS settings must meet the HCBS setting quality requirements. Additionally, providers who deliver services in the community or in the participant's home must ensure they do not restrict a setting quality without a risk mitigation strategy in place. Therefore, the HCBS setting qualities and associated risk mitigation strategies apply to all providers of: | | | |
| | Children's Developmental Disability Services Adult Developmental Disability Services | | | |

Let's Look at the Sample Policy and Procedures for Certified Family Homes

- The new HCBS rules require that providers have Policies and Procedures in place to support the new requirements
- The sample Policies and Procedures, which were developed for use by Certified Family Homes, provide an example of how these may be structured and the type of content that should be included.



Sample Policy and Procedures for Certified Family Homes

• Certified Family Homes that do not already have Policies and Procedures may download and use the sample to develop their own documents.

(Your Name) Certified Family Home Policies and Procedures

Policy 1

The certified family home will ensure that our home is integrated in and supports access to the greater community.

Procedures

The certified family home will:

- · Arrange reasonable amounts of transportation to the participant for community activities.
- Provide opportunities for the participant to engage in new activities that the person may be interested
 in.
- Hold planning meetings with the participant to discuss strategies to ensure community integration
 occurs, such as planning trips into the community.

Let's Look at the **Assessment Tool**

- Providers are required to complete a Provider Self
 Assessment by December 31, 2016
- It can be downloaded from our webpage or picked up at a Regional Medicaid Office on or before August 9, 2016.
- Two tools will be available on the webpage in the future, a Provider Self-Self-Assessment for Adult Day Health, DDAs, RALFs, CFHs and a Provider Self-Assessment for PAA, Res Hab, etc.
- The Assessment you complete depends on what type of provider you are.

Provider Self-Assessment Tool

- The **Provider Self-Assessment** is for these providers:
 - Adult Day Health centers
 - Developmental Disability Agencies (DDAs)
 - Residential Assisted Living Facilities (RALFs)
 - Certified Family Homes (CFHs)
- It is divided into two sections:
 - Questions that pertain to **all** HCBS settings. All four provider types must complete this section.
 - Questions that are specific to RALFs and CFHs. RALF and CFH providers must **also** complete this section.

Provider Self-Assessment Tool

HCBS Provider Self-Assessment

| | Self-Assessment Questions | | |
|----|---|--|--|
| 1. | How do you accommodate individuals who are employed, seeking employment or volunteering? | Response/Evidence: Click here to enter text. | |
| 2. | How do you regularly provide opportunities (once per week or more) for individuals to leave the setting to participate in community activities for skill building or socialization? | Response/Evidence: Click here to enter text. | |
| 3. | How do you support individuals in purchasing goods and services of their choosing with their own money during times in the community? | Response/Evidence: Click here to enter text. | |
| 4. | How do you inform individuals of their rights? | Response/Evidence: Click here to enter text. | |
| 5. | What evidence do you have to support that you are trained on and complying with privacy/confidentiality policies and practices? | Response/Evidence: Click here to enter text. | |

• The **Provider Self Assessment** will be reviewed in detail in our next training.

Provider Self-Assessment Tool

- The **Provider Self Assessment** for HCBS providers furnishing services to individuals in their own private homes or in the community includes:
 - Residential Habilitation Supported Living agencies
 - Personal Assistance Agencies
 - Independent Respite Providers
 - *Etc.*
- **Remember**: all providers of HCBS must complete a provider self-assessment by December 31, 2016.

Compliance Timeline

July 1, 2016

January 1, 2017

January 1, 2018

March, 2019

Rules go into effect

Enforcement of HCBS begins
Idaho's formal assessment of HCBS settings begins

Transition of participants to HCBS-compliant settings if noncompliant settings are identified.

Full compliance established.

Ongoing monitoring of HCBS compliance continues.

Upcoming Training Opportunities

| Date | Topic |
|---|---|
| August 2 1-2:00PM Mountain Time (12-1:00PM Pacific Time) | Repeat of Provider Toolkit Overview (Teleconference only) |
| August 9 3-4:00PM Mountain Time (2-3:00PM Pacific Time) | How to Complete a Provider Self-Assessment (WebEx) |
| August 16 7-8:00PM Mountain Time (6-8:00PM Pacific Time) | Repeat of How to Complete a Provider Self- Assessment (WebEx) |
| August 23 1-2:00PM Mountain Time (12-1:00PM Pacific Time) | Repeat of How to Complete a Provider Self- Assessment (Teleconference Only) |

Keep in Touch!

Additional training will be offered over the next several months. You can stay informed about training opportunities, educational materials, and other HCBS-related information by:

Visiting the HCBS webpage at: www.HCBS.dhw.idaho.gov

Emailing the program at: <u>HCBSSettings@dhw.idaho.gov</u> to be added to our distribution list.

QUESTIONS?